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Case No.: KARAG-007B2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

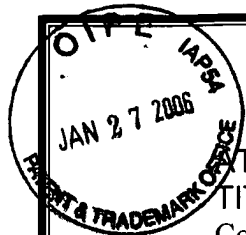
Applicant(s): Hampar L. Karagoezian)	Confirmation No. 7637
)	
Serial No.: 10/614,646)	Art Unit: 1616
)	
Filed: July 7, 2003)	Examiner: Zohreh A. Fay
)	
Title: Synergistic Antimicrobial Ophthalmic)	
and Dermatologic Preparations Containing)	
Chlorite and Hydrogen Peroxide)	

RESPONSE TO OFFICE ACTION

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

In response to the Final Office Action mailed November 3, 2005, please amend the above-referenced patent application as follows.



ATTORNEY DOCKET NO: KARAG-007B2

TITLE: Synergistic Antimicrobial Ophthalmic and Dermatologic Preparations
Containing Chlorite and Hydrogen Peroxide

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10

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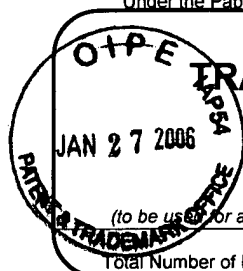
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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/614,646
Filing Date	7/7/2003
First Named Inventor	Hampar L. Karagoezian
Art Unit	1618
Examiner Name	Zohreh A. Fay
Attorney Docket Number	KARAG-007B2

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing; and Return Receipt Postcard
<input type="checkbox"/> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	STETINA BRUNDA GARRED & BRUCKER		
Signature			
Printed name	Kit M. Stetina		
Date	1/24/06	Reg. No.	29,445

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Bethany Miles	Date	1/24/06

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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